

U.S. Department of Health and Human Services
National Institutes of Health

NIH Undergraduate Scholarship Program Applicant Information

Applicant's Instructions

Please complete all sections of this form, and return it with your signed contract (NIH 2762-4) in the large white prepaid envelope. Do not fold application or contract. See reverse for detailed instructions.

➤ Send this application package to the National Institutes of Health Undergraduate Scholarship Program, 7550 Wisconsin Ave., Room 604, Bethesda, Maryland 20892-9121. If you have any questions, please call 1-800-528-7689

1. Applicant's Name (Last, first, middle)

2. Telephone Numbers (include area codes)

Daytime () _____

Evening () _____

3. Mailing Address

Street/P.O. Box _____

Apartment _____

City _____

State _____

Country _____ ZIP Code _____

E-mail _____

4. Social Security Number (Providing your Social Security Number (SSN) is voluntary. However, it is necessary for processing your application. Your SSN is required to identify applicants who are selected for UGSP contracts to the U.S. Dept. of Treasury, Internal Revenue Service, for payment of Federal income tax on UGSP funds paid to you and to your undergraduate institution. See Privacy Act information in this package. Your SSN is used for identification purposes only. If you do not provide your SSN, we cannot process your application.)

_____ - _____ - _____

5. Citizenship

Are you a: U.S. Citizen ☐ Yes ☐ No
or a Permanent Resident ☐ Yes ☐ No
or a National ☐ Yes ☐ No
If no, give country of citizenship _____

6. College/University Enrollment

Are you currently enrolled full-time or accepted for full-time enrollment in an accredited post-secondary institution? ☐ Yes ☐ No

6a. Name of College/University

6b. Address

6c. What will your grade level be at the beginning of the 1998-99 academic year (September 1998)?

- ☐ Freshman
☐ Sophomore
☐ Junior
☐ Senior
☐ Other (please explain) _____

7. Certification of Nondelinquent Status

The Federal Debt Collection Procedures Act of 1990 precludes a debtor who has a Federal judgment lien against his/her property arising from a Federal debt from receiving Federal funds until the judgment is paid in full or otherwise satisfied. Applicants of the NIH Undergraduate Scholarship Program must certify that they do not have a judgment lien against their property arising from a debt to the United States.

I hereby certify that I ☐ [do ☐] [do not ☐] have a judgment lien against my property arising from a debt to the United States.

I hereby certify that I ☐ [am ☐] [am not ☐] delinquent on any debt to the United States.

8. Certification

I certify that information given in this application (including any personal statements) is true, complete, and accurate to the best of my knowledge and does not omit any material fact which would render the statement false, fictitious, or fraudulent as a result of the omission. I understand that the information given may be investigated and that any false representation is sufficient cause for rejection of this application, or, if awarded scholarship benefits, that I am liable for return of all awarded funds and, further, that any false statement may be punishable as a felony under U.S. Code, Title 18, Section 1001. I am aware that any false, fraudulent, or fictitious statement may, in addition to other remedies available to the Government, subject me to civil penalties under the Program Fraud Civil Remedies Act of 1986.

Signature (Sign your full name in ink).

Date

➤

I authorize the program(s) indicated in Section 6 to release information about my academic, financial, service, and any other pertinent information to administrators of the NIH Undergraduate Scholarship Program (UGSP) and to other authorized Government officials. This release is valid for six months after completion of all UGSP requirements.

Signature (Sign your full name in ink).

Date

➤

NIH Undergraduate Scholarship Program Applicant Information *(continued)*

Please answer the questions below in the space provided.

9. What person or event has been most influential in the development of your science career? (You should describe a person or situation that propelled you toward your career path.)

10. Discuss your specific interest in pursuing a career in biomedical research and your academic and career goals. Describe how the UGSP would help you to attain your goals.

11. In responding to the following questions be sure to *only* include those activities and awards that are relevant to your interest in science and biomedical research.

a. List extracurricular activities in which you have participated in the past or are participating in currently. (For example - science fairs, science clubs, internships, community service, hobbies.)

b. List special recognitions, scholastic awards and honors, and any scholarships you have received.

c. List any activities, whether voluntary or paid positions, that demonstrate involvement with and/or commitment to biomedical research which you participated in during the school year or summer.

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Applicant Information *(continued)*

12. How would you evaluate and describe your aptitude in relation to the characteristics listed below? In responding, give specific examples of science-related projects which demonstrate your aptitude in the following:

a. *Initiative*

b. *Work habits*

c. *Curiosity*

d. *Creativity in problem-solving*

e. *Ability to work as a member of a team*

f. *Leadership skills (Include elected or other positions you have held or projects you have initiated.)*

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Applicant Information *(continued)*

INSTRUCTIONS FOR APPLICANT INFORMATION FORM NIH 2762-1

Official Transcript

You must request that your academic institution send one official transcript, which includes the school's seal or official stamp, to the UGSP. The transcript should be sent to the National Institutes of Health Undergraduate Scholarship Program, 7550 Wisconsin Avenue, Room 604, Bethesda, Maryland 20892-9121

Contract (Form NIH 2762-4)

Please review this document carefully. By signing the contract you are agreeing to serve at the NIH, and if you change your mind once you have accepted a scholarship you may incur substantial penalties. We suggest you review the contract with your guidance counselor, financial aid advisor, and/or parents/guardians.

Certification (Number 8 on Form NIH 2762-1)

Your application cannot be considered unless this Certification is signed and dated. Please read it carefully.

Questions 9-12 (Form NIH 2762-1)

Your answers to the questions must be typed. Please limit your answers to the space provided. Responses which exceed the space limitation will not be considered.